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Applicant

Rex Vandenberg

Filed

11/04/2003

TC/A.U.

3652

Examiner

Charles A. Fox

Docket No.

3340

Mail Stop: Fee Amendment **Commissioner for Patents** P.O. Box 1450

Alexandria VA 22313-1450

## **AMENDMENT**

Sir:

In response to the Office action of July 14, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

Certificate of Mailing: I certify that on the date below this document and referenced attachments if any, will be deposited with the U.S. Postal Service as first class mail with sufficient postage, in an envelope addressed to:

Mail Stop: AMENDMENT, Commissioner For Patents, P.O. Box 1450 Alexandria VA 22313-1450

12/22/2005 HGUTEMA1 00000015 10701021

01 FC:2252

225,00 QP

Docket 3340

Page 1 of 12

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective January 1, 2003 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY TYPE C (Column 1) (Column 2) RATE FEE FEE RATE TOTAL CLAIMS \$750 BASIC FEE \$375 BASIC FEE OR NUMBER EXTRA NUMBER FILED **FOR** X\$18= X\$ 9= TOTAL CHARGEABLE CLAIMS minus 20= X84= - minus 3 = X42= OR INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 2) (Column 1) ADDI-HIGHEST ADDI-**CLAIMS** PRESENT TIONAL NUMBER RATE REMAINING TIONAL RATE **PREVIOUSLY EXTRA** FEE **AFTER** FEE **AMENDMENT** PAID FOR AMENDMENT X\$18= X\$ 9= OR Minus Total X84= Minus X42= Independent OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-ADDI-CLAIMS NUMBER PRESENT TIONAL RATE REMAINING RATE TIONAL m PREVIOUSLY **EXTRA** FEE **AFTER** ENT FEE PAID FOR AMENDMENT 2 XSØ= X\$18= MENDM OR Minus Total 0 X84= Minus Independent OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FER (Column 3) (Column 2) (Column\_1) HIGHEST ADDI-ADDI-CLAIMS PRESENT NUMBER TIONAL REMAINING RATE TIONAL RATE **EXTRA** PREVIOUSLY AFTER FEE MENT FEE PAID FOR AMENDMENT XS18= X\$ 9= OR Minus END Total Minus X84= Independent X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= OR +140=

OR

TOTAL

ADDIT. FEE

TOTAL

ADDIT, FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

<sup>&</sup>quot;If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, onler '3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.